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Intellectual Property Law

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PLEASE DIRECT CORRESPONDENCE TO OUR WARRENTON OFFICE

FACSIMILE TRANSMISSION COVER SHEET

DATE: March 1, 2006

TO: Examiner Cynthia Hamilton
 Group Art Unit: 1752
 Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

RE: U.S. Patent Application No. 09/896,886
 For: PRINTING PLATES COMPRISING MODIFIED PIGMENT PRODUCTS
Our Ref: 00066CON (3600-448)

FROM: Luke A. Kilyk, Esq. 

FAC. TEL. NO.: 1-571-273-8300

NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 17

Items Attached: Amendment – 14 pages
 Petition for 1-month Extension of Time -- 1 page
 Fee Transmittal – 1 page

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 1-571-273-8300 on March 1, 2006.

Kim Blum
 Name (Print)


 Signature

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MAR 01 2006

PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 120.00)

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None Deposit AccountDeposit Account Number
Deposit Account Name

03-0060

Cabot Corporation

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee
 to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
1011 300	2011 150	Utility filing fee	
1012 200	2012 100	Design filing fee	
1013 200	2013 100	Plant filing fee	
1014 300	2014 150	Reissue filing fee	
1005 200	2005 100	Provisional filing fee	

SUBTOTAL (1) (\$ 0.00)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid
		-20**=		X =
		-3***=		X =

Multiple Dependent

Large Entity	Small Entity	Fee Description	Fee Paid
1202 20	2202 25	Claims in excess of 20	
1201 200	2201 100	Independent claims in excess of 3	
1203 360	2203 180	Multiple dependent claim, if not paid	
1204 200	2204 100	**Reissue independent claims over original patent	
1205 50	2205 25	**Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$ 0.00)

** or number previously paid, if greater. For Reissues, see above

Other fee (specify)

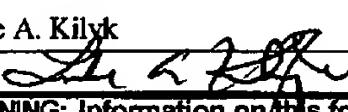
Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 120.00)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Luke A. Kilyk	Registration No. (Attorney/Agent)	33,251	Telephone	1-540-428-1701
Signature				Date	March 1, 2006

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